No. 300	, FLED MAR 11 1949	THE DIVISION OF HE		`	- 6790			
10-48		STANDARD CERTIF		EUUI	1950			
RECORD	BIRTH NO	REG. DIST. NO.	PRIMARY REG. DIST: NO.	Registrar's No.				
	I. PLACE OF DEATH a. COUNTY		a. STATE MISSOU	CE (Where deceased lived. If in b. COUNTY	rtitution: residence before admission).			
	b. CITY (H outside corporate limits, write RURAL and give OR STAY (In this place) TOWN St. LOUIS, MO. STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis					
	d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OF INSTITUTION PROTECTION TO THE PROPERTY OF T		d. STREET (If rural, give location) ADDRESS 3216a Delor St.,					
3	3. NAME OF a. (First) DECEASED (Type or Print) Karl W	ь. (Middle) • Walter	c. (Last)	4. DATE 3/* (Month) OF DEATH Feb. 2	(Day) (Year) 8, 1949			
PERMANENT	5. SEX 6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MATTIED	Jan. 18, /5	9. AGE (In years of thoses last hirthday)	TO HOURS MINS.			
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meac Cucce I	10b. KIND OF BUSINESS OR IN- Packing Co. DUSTRY	11. BIRTHPLACE (State or fo	reten country)	12. CITIZEN OF WHAT COUNTRY?			
▼	13a. father's name Unknown	13b. MOTHER'S MAIDEN Unknown		. NAME OF HUSBAND OR WIF Theresa Walter				
MAKE	15. WAS DECEASED EVER IN U.S. ARMED (Yes, no, or unknown) (If yes, give war or date NO N	FORCES? 16. SOCIAL SECURITY NO.	Mrs. Theres	IGNATURE OR NAME	ADDRESS			
INK	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR C DIRECTLY LEAD	ONDITION MEDICAL C	ertification	eroccary	INTERVAL BETWEEN ONSET AND DEATH			
ACK	This does not mean the mode of dring, such as heart fallure, asthenia, etc. It means the distingtion the underlying cause last. ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECEDENT CAUSES The state of the above cause (a) giving DUE TO (b) AREAL ASSERTE ASSERTED. ANTECEDENT CAUSES ANTECEDENT CAUSE							
i ii	ease, injury, or complica-	DUE TO (c)	Marie	fre and	Janner L be			
DING	tion which caused death. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death four new related to the disease or condition causing death.							
UNFADING	19a, DATE OF OPERA- TION 19b. MAJOR FIN	DINGS OF OPERATION	0/	ru Verdie	YES NO			
USING	21a. ACCIDENT (Bpacity) SUICIDE Open Visde	INSHIP) (COUNTY)	(STATE)					
	21d. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK	21f. HOW DID INJURY OCC	CURT				
PLAINLY	22. I hereby certify that I attended the deceased from, 19, to, 19, that I last saw the deceased plive on, 19, and that death occurred at \(\alpha \frac{2.15}{5} \) m., from the causes and on the date stated above.							
I.	23a. SIGNATURE M. Sun	(Degree or title)	23b. ADDRESS 1300 Cl	iR.	3/1/49			
WRITE	ZIA BURIAL CREMA 246. DATE TION REMOVAL (Boots) 3-3-49	Sunset Bur	or crematory 24d.	LOCATION (City, town, or com L.LouisCounty,	MO. (State)			
	DATE REMARY LOCAL REGISTRAR'S	Stasale	Southern Fur 6322 S. Gran	neral home	DDRESS .			
4		(Licensed Embalmer's S	tatement on Reverse Side)					

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorde	d on the reverse side of t	his certificate	was embalmed by me	e, or by
		/ Student	t Embalmer No	
working under my personal supervision.		X	0-//	

Signed Will Jau Joasew.

Licensed Embalmer No. 43,43,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.